



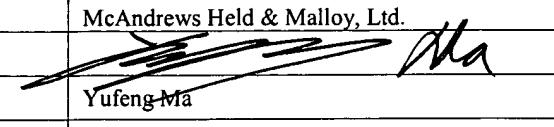
1A15 Rec'd PCT/PTO 12 MAR 2007

PTO/SB/21 (07-06)

Approved for use through 09/30/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/581,374	
		Filing Date	December 23, 2003	
		First Named Inventor	Joseph C. Rongione et al.	
		Art Unit	Not Assigned	
		Examiner Name	Not Assigned	
		Total Number of Pages in This Submission	63	Attorney Docket Number
<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return-Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
	<input type="checkbox"/> Remarks	<input type="checkbox"/> Declaration		
	<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
	Firm	McAndrews Held & Malloy, Ltd.		
	Signature			
	Printed Name	Yufeng Ma		
	Date	March 8, 2007		
	<b>CERTIFICATE OF MAILING</b>			
	I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 8, 2007			
	Name (Print/type)	Yufeng Ma	Registration No. (Attorney/Agent)	56,975
Signature		Date	03-08-07	

MARCH 18 2007

**FEE TRANSMITTAL**  
**for FY 2006**

Effective on 12/08/2004  
Subject to the consolidated Appropriates Act, 2005 (H.R. 4818).

*Complete If Known*

Application Number	10/581,374
Filing Date	December 23, 2003
First Named Inventor	Joseph C.Rongione et al.
Examiner Name	Not Assigned
Art Unit	Not Assigned
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 130.00
Attorney Docket No.	15344US02

METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge Fee(s) indicated below  Charge Fee(s) indicated below, except for the filing fee  
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under 37 CFR 1.16 and 1.17

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

<b>Fee(\$)</b>	<b>Fee(\$)</b>
50	25

Each independent claim over 3 (including Reissues)

200	100
360	180

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
				<b>Fee</b>	<b>Fee Paid (\$)</b>
-20 or HP	x	=	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
				<b>Fee</b>	<b>Fee Paid (\$)</b>
-3 or HP	x	=	_____	_____	_____

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

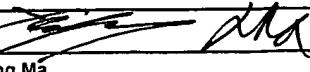
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee(\$)</b>	<b>Fee Paid(\$)</b>	<b>Fee Paid(\$)</b>	
					<b>Fee</b>	<b>Fee Paid (\$)</b>
-100	/50	(round up to a whole number)	x	=	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Late Filing Surcharge 130.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	56,975	Telephone	(312)775-8000
Name (print/type)	Yufeng Ma			Date	03-08-07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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